Parental Agreements with Child Care Facility

The				
	7)	lame of Facility)		
agrees to provide do	ay care for			
(Name of Child)				
on			, beginning at	AM
	(Days of Week)			
and ending at	PM from		to	·
		(Month)	(Month)
My child will partici	pate in the following meal	plan (circle applica	able meals and snacks	3):
Breakfast Snack	Morning Snack	Lu	nch	Afternoon
Evening Snack		Dinner	Bedtime Sr	nack
• • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • •
Date, Name of Child	ion is dispensed to my chi d, Name of Medication, Pr to child. Medicine will be	rescription Numbe	r (if any), Dosages, c	and Date and Time
•	e allowed to enter or leaved by parent(s), or facility	•	hout being escorted	by the parent(s)
changes as they occ	my responsibility to kee cur, e.g., telephone numbe s, infant feeding plans, and	ers, work location,	emergency contacts	
, ,	s to keep me informed tions, etc., which include r	•	including illnesses,	injuries, adverse
	on from me before my o vay from the facility, and eep.		in routine transport	•
I authorize the chavailable.	ild care facility to obta	in emergency med	dical care for my cl	nild when I'm not
I have received a cofacility.	ppy and agree to abide by	the policies and pr	rocedures for the abo	ove-named
SIGNED:				
	Parent/Guardian			Date
SIGNED:	Facility Administrator / Autho	orized Person		 Date
	,			